## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FFE ADDRESS" for

maintenance fee notifica  CURRENT CORRESPONDI	tions.	lock 1 for any change of address)	N Fe	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying									
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60 EAST SOUT			tra	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
SALT LAKE CI	11,0184111					(Depositor's name)							
			<u>_</u>	<del></del>		(Signature)							
			<u></u>			(Date)							
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.							
10/609,182 06/27/2003			Geoffrey T. Dunbar	<u> </u>	13768.1700	7663							
TITLE OF INVENTION	: RATE CHANGE	,											
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/22/2010							
EXAM	INER	ART UNIT	CLASS-SUBCLASS										
BOCCIO, V	INCENT F	2158	707-104100										
1. Change of corresponde CFR 1,363).	ence address or indication	n of "Fee Address" (37	2. For printing on the		, Warless	on Nydogor							
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
							3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)	<del></del>	
							PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIC		dietion of this form is NO	(B) RESIDENCE: (CIT										
Microsoft Corporation Redmond, Washington													
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government													
4a. The following fee(s) a	re submitted:		o. Payment of Fee(s): (Ple	ase first reapply any	previously paid issue fee :	shown above)							
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interest as shown by the re	ecords of the United Sta	tes Patent and Trademark	Office.	the applicant, a regist	ered attorney or agent; or th	e assignæ or other party in							
Authorized Signature	Such	Typing	e.	Date	My 26,20	10							
Typed or printed name	Rick D. Nyde	gged (		Registration No	. 28,651								
submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	application form to the ons for reducing this buring in a 22313-1450. DO 3-1450.	den, should be sent to the NOT SEND FEES OR C	depending upon the indi- e Chief Information Offic COMPLETED FORMS T	er, U.S. Patent and Ti O THIS ADDRESS.	e public which is to file (and inutes to complete, including ments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner f	ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,							
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PTO/SB/47 (03-09)
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## "FEE ADDRESS" INDICATION FORM

Address to: Mail Stop M Correspondence Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-6500					
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.						
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:						
Customer Number: 22971						
OR						
The attached Request for Customer Number (PTO/SB/125) form.						
PATENT NUMBER (if known)	APPLICATION NUMBER					
	10/609,182					
Completed by (check one):						
Applicant/Inventor	Signeriure Signeriure					
Attorney or Agent of record 28,651 Rick Nydegger Typed or printed name						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Requester's telephone number						
Assignee recorded at Reel Frame	July 26, 2010  Date					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.						
* Total offorms are submitted.						

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1. 11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alex andria, VA 22313-1450. DO NOT SEND COMPLETE D FORMS TO THIS A DDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.